

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17						
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19						
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24						
25						
26						
27						
28						
29						
30	1					
31						
32						
33						
34						
35						
36						
37						
38	1					
39						
40						
41						
42						
43						
44						
45	1					
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53						
54						
55						
56						
57						
58						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	12					
TOTAL DEP.	40					
TOTAL CLAIMS	52					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS